

# *Rides For Ridgefield*

## TITLE VI COMPLAINT FORM

<b>Section I:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Phone (Home):</b>	<b>Phone (Work):</b>	<b>Cell Phone:</b>	
<b>E-mail Address:</b>			
<b>Accessible Format Requirements?</b>	<b>Large Print</b>		<b>Audio Tape</b>
	<b>TDD</b>		<b>Other</b>
<b>Section II:</b>			
<b>Are you filing this complaint on you your own behalf?</b> _____ <b>Yes*</b> _____ <b>No</b>			
<b>* If you answered "yes" to this question, go to Section III.</b>			
<b>If not, please supply the name and relationship of the person for whom you are complaining:</b>			
<b>Please explain why you have filed for a third party:</b> _____			
<b>Please confirm that you have obtained the permission of the</b> _____ <b>Yes</b> _____ <b>No</b> <b>aggrieved party if you are filing on behalf of a third party.</b>			
<b>Section III:</b>			
<b>I believe the discrimination I experienced was based on (check all that apply):</b>			
<input type="checkbox"/> <b>Race</b>	<input type="checkbox"/> <b>Color</b>	<input type="checkbox"/> <b>National Origin</b>	
<b>Date of Alleged Discrimination (Month, Day, Year):</b> _____			
<b>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is need, please use the back of this form.</b> _____ _____ _____ _____			

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<b>Section IV</b>
Have you previously filed a Title VI complaint with this agency? ___ Yes ___ No
<b>Section V</b>
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? ___ Yes ___ No
If yes, check all that apply:
<input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____
<input type="checkbox"/> State Court _____
Please provide information about a contact person at the agency/court where the complaint was filed
Name:
Title:
Agency:
Address:
Telephone:
<b>Section VI</b>
Name of Agency the complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

*Rides For Ridgefield*  
Mobility Center Manager / Title VI Coordinator  
400 Main Street – Upper Level  
Ridgefield CT 06877